

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

Board of Barbering and Cosmetology





OUT-OF-STATE APPLICANT SCHOOL TRAINING RECORD – FORM B

Complete this form *only* if you did not become licensed in the state in which you received your training.

Mail this form to the school you attended. Request the school complete this form and return to it to you; submit it					
along with your Application for Examination, the appropriate fee, and other applicable documents to the CA Board.					
SECTION A: APPLICANT INFORMATION					
Last Name	First Name	N		Middle Name	
	1.5				T-, ~ .
Address		City		State	Zip Code
G : 1G :: N 1		T	D / C1	D' 4	
Social Security Number			Date of I		Year
SECTION B: SCHOOL INFORMATION					
Name of School					
Address		City		State	Zip Code
School is licensed by?		License Number		License Expiration Date	
School Contact Name		Phone Number		Email Address	
Student's Training Information					
Training category (check <u>all app</u> Barbering	2. Total hours completed:				
☐ Cosmetology ☐ Electrology		3. Enrollment Date:			
Esthetics (Skin Care only) Manicuring (Nail Care only)	4. Completion/Withdrawal Date:				
Attach a worksheet if possible that shows the number of hours completed in each subject area as required in Title 16 R&R 910 (a) (2).					
SECTION C: SCHOOL AND APPLICANT CERTIFICAITON					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
X Authorized Signature for School Printed Name					
Authorized Signature for School	Name		Ľ	D ate	
Applicant Signature			Applicant Phone Number		



Board of Barbering and Cosmetology

P.O. Box 944226, Sacramento, CA 94244 P (800) 952-5210 F (916) 575-7281 | www.barbercosmo.ca.gov





INFORMATION COLLECTION, ACCESS AND DISCLOSURE

*This statement is for your information.

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

SOCIAL SECURITY NUMBER (SSN)/INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN) DISCLOSURE

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Form 03-B-144 Page 2 of 2